Prevention

Many cancers are preventable. Scientists estimate that as many as 50 to 75 percent of cancer deaths in the United States are caused by various environmental factors. Environmental causes include lifestyle choices as well as exposure to agents in the air and water. Cancer is linked to some behavioral choices such as smoking, physical inactivity, and poor diet. Although some cancer prevention takes place at the individual level, it is our society's responsibility to prevent public exposure to environmental carcinogens and to help facilitate healthy lifestyles for all citizens. It is also important to acknowledge the interplay among behavior and economic, environmental, social, and cultural factors when looking at cancer prevention.

Smoking is the single most preventable cause of death in the United States, yet one in five adult Montanans currently smokes cigarettes. Another six percent use smokeless tobacco. Nationally, about 170,000 people died of cancer because of tobacco use in 2002. This number represents at least 30 percent of all estimated cancer deaths in the United States.

People whose diets are rich in fruits and vegetables have a lower risk for cancers of the colon, mouth, pharynx, esophagus, stomach, lungs, and possibly prostate. Experts recommend between five and nine servings of fruits and vegetables daily. These choices can hinge on more than good intentions: dietary choices may come down to the ability to afford fruits and vegetables.

The Top Six Ways to Prevent Cancer

- Avoid the use of tobacco.
- Choose a diet rich in fruits and vegetables.
- Decrease exposure to environmental carcinogens.
- Engage in regular physical activity.
- Maintain a healthy body weight.
- Protect your skin from ultraviolet exposure.

An estimated 20 to 30 percent of the most common cancers may be related to excess weight and physical inactivity. Recent studies indicate that overweight and obesity may also increase the risk of death from many cancers, accounting for up to 14 percent of cancer deaths in men and 20 percent in women. Obesity prevention can reduce the risk for many of the most common cancers, including colon, uterine, renal cell, and postmenopausal breast cancers. Regular physical activity is also associated with reduced risk of heart disease, high blood pressure, diabetes, obesity, and some cancers. Despite the benefits, only one in four children engages in the recommended level of daily physical activity (30 minutes of moderate activity or 20 minutes of vigorous activity).

The self-reported rate of overweight adults in Montana increased from 41.7 percent in 1990 to 56.9 percent in 2003. The self-reported rate of obesity increased from 8.7 percent in 1990 to 18.8 percent in 2003. Both rates remained steady between 2001 and 2003.

Skin cancer is the most common cancer in the United States. Rates are increasing despite the fact that the greatest risk factor for skin cancer is avoidable, unprotected exposure to ultraviolet (UV) rays. Reducing long-term exposure to the sun and artificial light from tanning beds, booths, and sun lamps reduces the risk of non-melanoma skin cancer. Avoiding burns and other damage from these sources — especially during childhood and adolescence — may also reduce the chance of developing melanoma skin cancer. White people have the highest risk of contracting melanoma skin cancer, with white males the highest risk group of all. Death rates from melanoma skin cancer are twice as high in males as in females.

Other cancer prevention strategies involve social responsibility and the prevention of public and occupational exposure to environmental carcinogens. The National Cancer Institute regularly updates the Report on Carcinogens, which lists more than 200 chemicals known or suspected of causing cancer. (See ntp-server.niehs.nih.gov or progressreport.cancer.gov.)

Each year, at least 1/3 of all cancer deaths and 1/5 of all deaths can be attributed to tobacco use.

Goal I: Reduce the impact of tobacco use and exposure to secondhand smoke on the burden of cancer in Montana.

Objective I.1: *Decrease the prevalence of tobacco use among adults and youth.*

Penny Patterson started smoking in 1951, at age 16. No one objected. Her father and mother were smokers. When she got married at 18, her husband was a smoker, too. Years passed. Children came along and grew up. Cigarettes were a part of everyday life. Their legacy was evident in burn marks on furniture, yellowed walls that only became obvious next to fresh paint, and the sound of her husband's cough. Then one day, an old friend was diagnosed with cancer. If she got out of the hospital, her children would always have to care for her. Sitting in the hospital room, it occurred to Penny that if she became old and sick and her children had to care for her, she wouldn't be able to live with herself if it was because of something she'd done to herself. She threw away her cigarettes as she left the hospital.

"I still miss smoking sometimes, but this was the greatest gift I could give my kids."

Baseline: *Adults*: Smoking (21%); smokeless (6%)
Youth: Smoking (19%); smokeless (9%)

Outcomes: By 2011,
Adults: Smoking (12%); smokeless (3%)
Youth: Smoking (16%); smokeless (7%)

Data Sources: Behavioral Risk Factor Surveillance System (BRFSS) 2004; Youth Risk Behavior Survey (YRBS) 2003; Prevention Needs Assessment (PNA) 2004

Strategy 1	Plan, develop, and implement statewide public awareness and education campaigns: • on the need for increased tobacco product prices. • to reduce tobacco industry sponsorship of community events. • to limit youth access to tobacco products.
Strategy 2	Educate and encourage tribal governments to adopt tobacco tax and/or revenue sharing agreements to reduce tobacco sales and use.
Strategy 3	Determine and implement appropriate policies to increase the tobacco tax.
Strategy 4	Collaborate with the Office of Public Instruction (OPI) and individual school districts to develop and implement comprehensive tobacco-free school policies.
Strategy 5	Increase cessation attempts by designing and implementing strategies to increase utilization of the Montana Tobacco Quit Line (1-866-485-QUIT).
Strategy 6	Increase the number of healthcare providers who integrate the U.S. Public Health Department's Clinical Guidelines: *Treating Tobacco Use and Dependence* into their healthcare systems.

- *The American Cancer Society estimates that annually there will be 168,140 cancer deaths in the United States directly attributable to tobacco use. This number represents about 30 percent of all estimated U.S. cancer deaths.*
- *Approximately 1,400 Montanans will die annually of diseases directly attributable to tobacco use.*
- *Approximately 90 percent of current adult smokers became addicted at, or before, age 18.*

Goal I: Reduce the impact of tobacco use and exposure to secondhand smoke on the burden of cancer in Montana.

Objective I.2: *Reduce Montanans' exposure to secondhand tobacco smoke.*

Baseline:

- *Children*: 17 percent of children under 18 are potentially exposed to secondhand tobacco smoke at home
- *Schools*: 29 percent of schools are tobacco free (2002)
- *Workplaces*: 82 percent of worksites have formal policies that prohibit smoking (2001)
- *Nonsmokers*: A percent to be determined of nonsmokers are regularly exposed to secondhand tobacco smoke

Outcomes: By 2007, determine the percentage of nonsmokers, including children, who are regularly exposed to secondhand tobacco smoke

By 2011,

- *Children:* Less than 10 percent of children will be regularly exposed to tobacco smoke at home (Healthy People 2010 target)
- *Schools:* 100 percent of schools will be tobacco free
- *Workplaces*: 100 percent of worksites will have formal policies that prohibit smoking
- *Nonsmokers*: Less than 45 percent of nonsmokers will be regularly exposed to secondhand tobacco smoke (Healthy People 2010 target)

Data sources: BRFSS 2002; YRBS 2003; Montana Adult Tobacco Survey (MT-ATS) 2004

Strategy 1	Determine the percentage of nonsmokers who are regularly exposed to secondhand tobacco smoke.
Strategy 2	Plan, develop, and implement a statewide public education and awareness campaign regarding the hazards of exposure to secondhand smoke.
Strategy 3	Increase the number of community-based public education and awareness campaigns delineating the hazards of exposure to secondhand smoke.
Strategy 4	Increase the number of policies and laws eliminating exposure to secondhand smoke by supporting: • the limited 2005 statewide Secondhand Smoke Free Law to become all inclusive in 2009. • self-governing community/county secondhand smoke-free ordinances. • tribal nations' secondhand smoke-free policies. • voluntary secondhand smoke-free policies. • comprehensive tobacco-free school policies.
Strategy 5	Support the Montana Tobacco Use Prevention Strategic Plan.

According to the American Cancer Society, approximately 38,000 nonsmoking Americans die every year as a result of exposure to secondhand smoke — 120 of them are Montanans. Nonsmokers exposed to secondhand (environmental) tobacco smoke absorb nicotine and other compounds just as smokers do. The U.S. Environmental Protection Agency (EPA) has classified secondhand smoke as a Group A carcinogen, which means that evidence exists that it causes cancer in humans.

— American Cancer Society

Objective I.3: *Increase the total funding for the Montana Tobacco Use Prevention Program (MTUPP) and expand the program to meet national standards.*

	Baselines		Outcomes	
	2006	2007	2009	2011
State funding levels	$6,889,920	$6,804,480		MTUPP will meet national recommendations for a comprehensive, evidence-based program as in the *Guide to Community Preventive Services: Tobacco Use Prevention and Control*.
CDC funding	$285,000	$616,500		
Totals	$7,174,920	$7,420,980	$9.35 million (CDC recommended minimum)	

Data Source: MTUPP 2005

"Today's teenager is tomorrow's potential regular customer…the smoking patterns of teens are particularly important to Philip Morris."

— Philip Morris Companies, Inc., 1981 (www.who.int/tobacco/en/atlas7.pdf.)

Tobacco Industry Influence in Montana

- The tobacco industry spends more than $12.4 billion per year — over $34.1 million a day — marketing its deadly products in the United States alone. Much of this advertising reaches kids.
- The annual tobacco industry marketing expenditures for Montana are $40.7 million.

Research has found that:

- kids are three times more sensitive to tobacco advertising than adults.
- kids are more likely to be influenced to smoke by cigarette marketing than by peer pressure.
- one-third of underage experimentation with smoking is attributable to tobacco company advertising. — www.tobaccofreekids.org

Strategy 1	Advocate for allocation of a larger percent of tobacco settlement funds for a comprehensive tobacco use prevention and control program.
Strategy 2	Plan, develop, and implement a campaign to educate the public and decision-makers on the need for a comprehensive tobacco use prevention and control program.
Strategy 3	Determine and implement the appropriate policy vehicle to increase the total funding available for implementation of a comprehensive tobacco use prevention program to at least the minimum level recommended by the Centers for Disease Control and Prevention (CDC).
Strategy 4	Expand the MTUPP as funding allows. Increase: • the number of public education and awareness campaigns on tobacco issues. • the number of school-based interventions. • training and technical assistance to community-based programs and their coalitions. • services provided by the Montana Tobacco Quit Line to meet the needs of a greater number of tobacco users. • surveillance on tobacco issues. • evaluation of all components of the MTUPP.
Strategy 5	Collaborate with the Office of Pubic Instruction, the Addictive and Mental Disorders Division, the Department of Revenue, and the Department of Justice to address various tobacco-related issues in Montana, and add a chronic disease prevention component to tobacco use prevention efforts.

Goal II: Reduce the impacts of poor nutrition, physical inactivity, and obesity on the burden of cancer in Montana.

Objective II.1: *Increase the percentage of youth and adults who consume the recommended number of servings of fruits and vegetables per day.*

Baseline: 16.7 percent of students in grades 9-12 and 22 percent of adults reported eating five or more servings of fruits and vegetables per day for the past seven days
Outcomes: By 2011, 19 percent of students in grades 9-12 and 25 percent of adults will report eating five or more servings of fruits and vegetables per day
Data sources: YRBS 2003; BRFSS 2003

Strategy 1	Promote inclusion of cancer risk reduction diets in school health education curriculums, nutritional and meal programs, and health promotion information.
Strategy 2	Promote and support changes in school and childcare programs to increase the availability and promotion of fruits and vegetables.
Strategy 3	Promote and support school, home, and community garden projects.
Strategy 4	Support communitywide campaigns and projects geared to youth and families that promote the consumption of fruits and vegetables.
Strategy 5	Support the Women, Infants and Children (WIC) Farmer's Market Nutrition Program to increase access to fruits and vegetables for families.
Strategy 6	Support worksite programs designed to increase fruit and vegetable consumption.
Strategy 7	Promote community education and public awareness campaigns on healthy eating for cancer risk reduction and cancer prevention; distribute the Cancer Research and Prevention Foundation's *Progress Through Prevention* educational materials.
Strategy 8	Collaborate with industry partners to increase access to, and availability of, fruits and vegetables on a communitywide level.

5 to 9 A Day for Better Health is a national program that seeks to increase the number of daily servings of fruits and vegetables Americans eat to five or more. Diets rich in fruits and vegetables may reduce the risk of cancer and other chronic diseases. Fruits and vegetables provide essential vitamins, minerals, fiber, and other substances that are important for good health. (Source: www.5aday.gov.)

Fruits and vegetables...

How many times a day do you eat fruits and vegetables?	Frequency			
2002	Never or <1	1 – 2	3 – 4	5+
Montana	4.1%	34.1%	39.1%	22.7%
U.S.	4.7%	35.9%	36.1%	22.6%

Source: apps.nccd.cdc.gov/5ADaySurveillance

For more information on healthy diet, go to MyPyramid.gov.

Objective II.2: *Increase:*

- *the percentage of adults and youth who engage in moderate and vigorous physical activity.*
- *the amount of leisure time activity pursued by adults.*
- *the percentage of youth spending less than 2 hours per school day watching television.*

Baseline: BRFSS 2003; YRBS 2003

Youth:
- 22.3 percent of 7th and 8th graders participate in moderate physical activities; 71.8 percent participate in vigorous physical activities
- 24 percent of 9th - 12th graders participate in moderate physical activities; 62.1 percent engage in vigorous physical activities
- 69 percent of 7th - 8th graders watch less than two hours of television on an average school night
- 49.5 percent of 9th - 12th graders watch less than two hours of television on an average school night

Adults:
- 58.5 percent engage in moderate physical activities
- 33.2 percent engage in vigorous physical activities
- 79.8 percent report engaging in leisure time physical activity

Outcomes: By 2011,

Youth:
- 35 percent of 7th - 12th graders will participate in moderate physical activities; 85 percent will participate in vigorous physical activities (Healthy People 2010 target)
- 75 percent of 7th - 12th graders will watch less than two hours of television on an average school night (Healthy People 2010 target)

Adults:
- 60 percent will engage in moderate physical activities
- 35 percent will engage in vigorous physical activities
- 82 percent will report engaging in leisure time physical activity

Data sources: BRFSS 2003; YRBS 2003; Healthy People 2010

Strategy 1	Support and promote the development and implementation of communitywide campaigns: • to increase physical activity in youth and adults, and to include education on cancer risk reduction and prevention activities. • geared to parents that focus on limiting total television screen time for children to two hours or less per day. • to increase private and public sector opportunities for adult physical activities with point-of-decision prompts.
Strategy 2	Support policies for school wellness and physical education programs.
Strategy 3	Promote and support school, after school, youth-based, and childcare programs that increase opportunities for physical activity.
Strategy 4	Support partnerships with community leaders and stakeholders that support physical activity policies in schools, childcare programs, community organizations, and worksites. Support local campaigns to create safe walk, run, and bike paths.
Strategy 5	Identify communities and worksites promoting cancer risk reduction by providing health education and physical activity programs.
Strategy 6	Promote fitness activities in employee worksite wellness programs and increase worksites offering wellness programs.
Strategy 7	Identify barriers and implement strategies to advance policies promoting physical activity.
Strategy 8	Work with healthcare professionals, local health departments, and community clinics to support exercise counseling and distribution of exercise plans.

Goal II: Reduce the impacts of poor nutrition, physical inactivity, and obesity on the burden of cancer in Montana.

Objective II.3: *Maintain the current rate of self-reported overweight and obesity in Montana.*

Baseline: *Adults*: 57 percent are overweight; 18.8 percent are obese
Youth: 8.1 percent are overweight; 11.6 percent are at risk for becoming overweight
Outcomes: By 2011, there will be no rise in the percentage of overweight or obese adults, or in the percentage of overweight or at-risk youth
Data sources: YRBS 2003; BRFSS 2003

Strategy 1	Design a strategy to educate healthcare providers to screen all adult patients for obesity and offer intensive weight management counseling and behavioral interventions for those who are.
Strategy 2	Collaborate with the Montana Cardiovascular Disease/Obesity Prevention Task Force to study obesity control and to formulate statewide policies and strategies for children, youth, and adults. Support implementation of their statewide plan.
Strategy 3	Support surveillance of Body Mass Index (BMI) changes in Montana for adults, youth, and children.
Strategy 4	Support employers in the development of worksite wellness programs.
Strategy 5	Educate healthcare providers and the public on the link between cancer and obesity.
Strategy 6	Support the development of community coalitions and networks to assess, monitor, and develop strategies for obesity prevention in local communities and to promote healthful eating and physical activity.

Goal III: Reduce the incidence of skin cancer in Montana.

Objective III.1: *Reduce the percentage of adults who report sunburn during the past 12 months.*

Baseline: 41.1 percent of adults report having had a sunburn during the past 12 months
Outcomes: By 2011, less than 35 percent of adults will report having had a sunburn during the past 12 months
Data sources: BRFSS 2004

Strategy 1	Distribute educational and culturally competent materials on skin cancer prevention at parks and other recreational areas throughout the state. Distribute materials on sun cover-up behaviors that include photos of skin cancers, sun-safety guidelines, and other information.
Strategy 2	Promote the increase of shaded areas at public recreational sites.
Strategy 3	Add questions to the BRFSS every other year dealing with the protective effects of limited sun and UV light exposure, wearing protective clothing, and using sunscreen.

Objective III.2: *Increase the number of school programs that educate students on decreasing exposure to UV light and skin cancer prevention.*

Baseline: To be determined
Outcomes: By 2008, establish the number of school programs addressing skin cancer prevention
By 2011, increase the number of programs by a percentage to be determined
Data sources: To be established

Strategy 1	Establish how many school programs on skin cancer prevention there are in Montana (consider adding a question to the School Administrators' Self Assessment Survey).
Strategy 2	Support school, preschool, and youth programs designed to increase sun-protective knowledge, attitudes, intentions, and behaviors among children and youth.
Strategy 3	Promote family-based interventions such as *Together for Sun Safety.*

Tips for Safe Fun in the Sun

- Avoid the sun between 10 a.m. and 3 p.m., even on cloudy days.
- Kids should wear photo-protective clothing and wide-brimmed hats. Sit in the shade when outdoors.
- Use waterproof sunscreen and lip balm with a SPF of 15 or higher routinely on yourself and your children, and reapply it every two hours.
- Babies under six months of age should not spend much time in the sun (http://www.PreventCancer.org).

Goal IV: Reduce the risk of cancer from exposure to environmental carcinogens.

Objective IV.1: *Increase compliance with new arsenic standards in public drinking water and private wells.*

Baseline: In 2004, the levels of arsenic were above 10 parts per billion (ppb) in 29 of 2,050 public water supplies, affecting 5,075 people. In a sampling of private wells, 10 percent of 3,541 had arsenic levels above 10 ppb (Montana Bureau of Mines 2005)

Outcomes: By 2009, all public water supplies in Montana will comply with the standard of 10 ppb arsenic maximum, and there will be an increase in arsenic testing by private well owners

Data sources: Public water supplies: Department of Environmental Quality (DEQ) Public Water Supplies Program; well tests, Montana Bureau of Mines

Strategy 1	Work with the DEQ and the Water Quality Testing program to monitor compliance with arsenic standards in public water systems and encourage private well users to test their drinking water for exposure.
Strategy 2	Support the Heavy Metals Workgroup to increase knowledge about arsenic exposure in drinking water and to establish regional baselines for exposure levels.
Strategy 3	Work with Montana Environmental Public Health Tracking Program to promote education on testing water for arsenic and inform the public about methods to reduce their exposure to arsenic.

Goal IV: Reduce the risk of cancer from exposure to environmental carcinogens.

Objective IV.2: *Increase awareness of the potential danger of high radon exposure in homes and workplaces; decrease the proportion of homes with radon levels in excess of 4pCi/L.*

Baseline: Level of awareness to be determined

Outcomes: By 2006, establish baseline estimates of public awareness of radon
By 2011, increase the level of awareness of radon by a percentage to be determined

Data sources: BRFSS

Strategy 1	Work with Montana labs or the National Institute for Occupational Safety and Health at CDC to determine the number of houses and workplaces tested for radon each year and to document the percent of homes and workplaces with exposure to elevated radon >4pCi/L.
Strategy 2	Work with existing agencies and organizations to determine the number of existing homes with elevated radon levels that have undergone mitigation, and newly built homes with radon-resistant new construction features.
Strategy 3	Design and implement strategies to increase public awareness of the potential dangers of high radon levels in homes and workplaces. Promote education on how to remedy this issue through public service announcements and other programs.
Strategy 4	Work with the Montana Indoor Air Quality Program, tribal environmental departments, and other associated organizations to distribute educational materials on radon in the home. Promote the Radon Hotline: 1-800-546-0483.
Strategy 5	Promote indoor radon testing on sale of homes and in new construction where there is high radon potential; encourage distribution of EPA materials to realtors.

Radon found in homes may contribute to as many as 20,000 lung cancer deaths in the U.S. annually. Reducing indoor radon exposure could prevent about 30 percent of lung cancer deaths from radon. Of these, 86 percent would be smokers or former smokers. Forty-seven percent of homes in Montana have radon levels in excess of four picocuries per liter (4pCi/L), the U.S. Environmental Protection Agency guidelines for maximum exposure.
— 1997 Radon Study, Montana State University

Objective IV.3: *Improve public knowledge and awareness of common environmental carcinogens and promote methods to reduce exposure.*

Baseline: To be determined

Outcomes: Increased availability of educational opportunities, reduced exposure, and increased public awareness of environmental carcinogens

Data sources: BRFSS; website visit counts; conference attendance; distribution of published materials

Strategy 1	Design a tool to measure baseline public awareness of carcinogens, such as adding a question to BRFSS.
Strategy 2	Develop and maintain communication among agencies including the Environmental Public Health Tracking (EPHT), Department of Environmental Quality, Department of Public Health and Human Services, Extension Service, Montana State University, University of Montana, and others relative to issues pertaining to environmental carcinogens.
Strategy 3	Participate in and/or host conferences, seminars, and other educational opportunities to further public awareness of environmental carcinogens that provide information on preventing exposure at home and in the workplace.
Strategy 4	Develop materials (written and/or web-based) that discuss commonly encountered environmental carcinogens and provide information on preventing exposure.
Strategy 5	Support policies and programs designed to decrease exposure to environmental carcinogens.

Prevention: What *You* Can Do

Avoid:

- Tobacco use
- Secondhand smoke
- Too much alcohol (one drink a day for women, two for men)

Make healthy food choices:

- Eat five or more servings of fruits and vegetables daily
- Maintain a low-fat diet
- Balance total calorie intake with calories expended through physical activity

Maintain a healthy weight or body mass index:

- Ask your healthcare provider to measure this at least yearly

Be physically active:

- Increase your moderate and vigorous activity per week
- Watch less than 2 hours of TV per day

Protect:

- Your skin from sunlight, UV light exposure, and tanning lights

Discuss:

- Cancer prevention and risk factors with your primary healthcare provider
- Your risk for cervical cancer with your healthcare provider
- Occupational exposure to carcinogens with your employer

Become knowledgeable:

- About environmental carcinogens and your exposure to them
- Check your home's radon level and take measures to decrease it if over 4pCi/L

Support:

- Increasing the tobacco tax
- Policies reducing exposure to tobacco products and secondhand smoke

Advocate:

- For increased funding for the Montana Tobacco Use Prevention Program
- For cancer prevention policies with your school board, workplace, state and local governments

A Montana Epidemic: *Obesity and Overweight*

- 57 percent of Montana adults are overweight or obese (BRFSS 2002)
- 17 percent of non-Hispanic white adults and 39 percent of American Indian adults in Montana are obese (BRFSS 2002; Montana American Indian Behavioral Risk Survey 2003)
- The obesity rate among Montana adults increased by 115 percent between 1990 and 2002 (BRFSS, 1990 and 2002)
- 18 percent of Montana high school students are overweight or at risk of becoming overweight (YRBS 2001)

What does "overweight" and "obese" mean?

BMI	Weight
<18.5	Underweight
18.5 -24.9	Normal
25.0 - 29.9	Overweight
30.0+	Obese

Overweight and obesity are labels for weight ranges greater than those generally considered healthy for a given height. The terms also identify weight ranges shown to increase the likelihood of certain diseases and other health problems.

For adults, overweight and obesity ranges are determined by using weight and height to calculate a number called the "body mass index" (BMI). BMI is used because, for most people, it correlates with their amount of body fat. Although BMI correlates with the amount of body fat, it does not directly measure body fat. As a result, some people, such as athletes, may have a BMI that identifies them as overweight even though they do not have excess body fat.

Calculate BMI using the following formula:

- BMI = [(Weight in pounds)÷(Height in inches)^2] x 703

For more information about BMI, visit www.cdc.gov/nccdphp/dnpa/bmi.

Lifetime risk is the probability that someone, over the course of his or her lifetime, will develop cancer. In the United States, men have nearly a one in two lifetime risk of developing cancer; for women, the risk is a little more than one in three. — American Cancer Society 2003